

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35283**

FILED OCT 26 1948
Registration District No. **324**

Primary Registration District No. **6085**

Registrar's No. **218**

1. PLACE OF DEATH:

(a) County **Saline Mo.**
(b) City or town **Marshall, Route # 4.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Clay Township /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 Years**
(Specify whether years, months or days)
In this community **60 Years**

3. (a) PRINT FULL NAME **Carleton Wilson Miller**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Eva Frances Miller** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 29th, 1868.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 19 hr. min.

9. Birthplace **Sheperdstown, West Virginia.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business **Retired**

12. Name **Martin Henry Miller**
13. Birthplace **Culpepper Co. West Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Wilson**
15. Birthplace **Unknown West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sherman Miller**
(b) Address **Marshall, Mo. Route # 4.**

17. (a) **Burial** (b) Date thereof **Oct. 10, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park cemetery**

18. (a) Signature of funeral director **Campbell Rini**
(b) Address **Marshall, Mo.**

19. (a) **Oct 9 - 1948** (b) **Friday, 9/10/48**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** 97
(c) City or town **Marshall, Route # 4.** 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8** 11
year **1948** hour **9** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Jan. 1948** to **Oct 8** 1948
that I last saw him alive on **Oct 8** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Abscess?** Duration **1 wk.**

Due to **Extension from Rt. cavity abscess -**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g.N.W.**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify type of work)

23. Signature **Calvin H. Marshall** (M. D. or other) **MD**
Address **Marshall Mo.** Date signed **10/1/48**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-25-48

OCT 28 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.